

GENERAL

DISTRICT TRAINING ATTENDANCE CERTIFICATION

Please fill out this form and have your District Director (or equivalent) verify that you have watched the entire training video. This form is to be turned in to the Ethics Certification Officer in your office.

I, _____, certify that I watched the entire, comprehensive general ethics training video lasting approximately one hour.

Date Watched _____

Employing Member _____

Office Address _____

Office Phone Number _____

Signature Date

District Director Date